

PRELIMINARY APPLICATION

- | | | |
|----------------------|------------------|-------------|
| Applicant: | Signature | Date |
| Co-Applicant: | Signature | Date |

Assessment: \$ _____ Received Assistance Previously? _____ When: _____

Denied Previously? _____ When: _____ Placed On Waiting List _____ By: _____

CE _____ Letter Sent _____ By: _____